

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 MAR 12 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000103068

1. Limited Liability Company's Name

HOLY LOVE, L.L.C.

100147186461
03/24/09--01030--015 **416.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

170 Ocean Lane Drive

Suite, Apt. #, etc.

Unit 513

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Key Biscayne, FL

City & State

Zip
33149

Country
USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Lisette Pie Salazar, P.A.

Street Address (P.O. Box Number is Not Acceptable)
200 Crandon Blvd., Suite 311

Suite, Apt. #, Etc.

City Key Biscayne

State
FL

Zip Code
33149

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGT	Maria Margarita Cuadra de Sequeira	170 Ocean Lane Drive Unit 513	Key Biscayne, FL 33149

REINSTATEMENT-07-08-09

C.L.

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

[Signature] as atty-in-fact

Date 3/10/09

Daytime Phone#

305-361-6161

Typed or printed name of Signing Managing Member/Manager

Lisa Lauza, Esq. as atty-in-fact